

## Foster Family Home - Corrective Action Report

Provider ID: 1-560517

Home Name: Bernadette Firme, CNA

99-421 Aheahe Street

Aiea HI 96701

Review ID: 1-560517-6

Reviewer: Angelica Galindo

Begin Date: 5/1/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/01/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/15/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN lapsed for CG #4: was due on/before 5/17/2018, done on 7/24/2018.

### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No record of current TB clearance screening form in home folder for CG #2, last done 7/28/2017.

### Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Medication discrepancy for Client #1: 1 medication prescription was not listed on medication administration record.

Angelica Galindo, RN  
Compliance Manager  
Bernadette Firme  
Primary Care Giver

5/1/19  
Date  
5/1/19  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Bernadette Firme

CCFFH Address: 99-421 AHEAHE ST, AIEA HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	APS/CAN Lapsed for CG #4	7/24/18	PCG understand to check requirements and will use calendar on iPhone to input all due dates 2 months prior to prevent any future lapses.
41.(b)(7)	PCG locate CG #2 current TP clearance in old folder and also chest X-ray & put in home folder.	7/26/18	PCG will make sure all requirements left on folder at all time. PCG understand to check requirements & will use calendar on iPhone to input all due dates 2 months prior to prevent any future lapses.
54.(c)(5)	Client #11, the Case Management Agency fixed the medication on the MAR & put MAR in client chart.	5/3/19	PCG will look at all medication orders bottles & MAR to ensure all match upon admission & before giving new medication. PCG will notify CMA, Pharmacy or doctor for the orders & review med list.

Primary Caregiver's Signature: 

Print Name: BERNADETTE FIRME

Date of Signature: 5-9-19